

Individual Indian Monies (IIM)**Instructions for Disbursement of Funds and Change of Address**Office of the Special Trustee for American Indians -- <http://www.doi.gov/ost/>

If you have any questions call OST at: 1 - 888 - OST - OTFM (1-888-678-6836) TOLL FREE NUMBER

1	IIM ACCOUNT NUMBER OR TRIBAL ID NUMBER (If Known)			
2	CURRENT LEGAL NAME OF ACCOUNT HOLDER	Wallace	Oenga	
		First	Full Middle Name	Last
	OTHER NAMES USED (Maiden or Also Known As, etc.)			Suffix (e.g. Jr.)
		First	Full Middle Name	Last
				Suffix (e.g. Jr.)
3	DATE OF BIRTH (MM/DD/YYYY) and SOCIAL SECURITY #			
4	CONTACT TELEPHONE NUMBERS and EMAIL ADDRESS			
5	PAYMENT INSTRUCTIONS	<p><input checked="" type="checkbox"/> Other - I request that my IIM funds be disbursed as follows: Pay \$ to Raymond C. Givens of Givens Law Firm in Oct. 2013 for 2014 rents & % of future annual rents on Native Allotment F- in years 2014-</p> <p>Third Party Payment</p> <p>Complete the following <u>only</u> if you want your payment made payable to someone other than you. Printed Name of Third Party Payee: <u>Raymond C. Givens, Givens Law Firm</u> Address of Third Party Payee: <u>302 Third Avenue South</u> Street Address, PO Box, Rural Route Box</p> <p>Apt. No., Building Name <u>Kirkland</u> <u>WA</u> <u>98033</u> City State Zip Code</p> <p>(425) <u>641-5949 or 208-699-6628</u> Area Code Telephone Number</p>		

Exhibit 10
Page 1 of 2

Individual Indian Monies (IIM)**Instructions for Disbursement of Funds and Change of Address**Office of the Special Trustee for American Indians -- <http://www.doi.gov/ost/>

If you have any questions call OST at: 1 - 888 - OST - OTFM (1-888-678-6836) TOLL FREE NUMBER

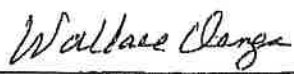
6 METHOD OF PAYMENT Must select one option. NOTE: The electronic transfer of your IIM funds to an OST Debit Card or Direct Deposit to your checking or savings account helps to safeguard against lost, stolen or forged checks. In addition, you will generally receive your IIM funds quicker with electronic transfer since mail time for a check will vary depending on the United States Postal Service and the destination.	<input checked="" type="checkbox"/> Direct Deposit to checking or savings account Banking Information - Attach a voided check or provide the following information: <div style="background-color: black; width: 100%; height: 50px; margin: 5px 0;"></div> <input type="checkbox"/> OR OST Debit Card If Direct Deposit or OST Debit Card is selected, indicate the method of ACH Deposit Notification: <input type="checkbox"/> Regular Mail <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> No Notification <input type="checkbox"/> OR Check NOTE: If you want your check to be delivered to an address different than the mailing address set forth in Section 7 below, please provide your check mailing address on a separate paper.
7 MAILING ADDRESS NOTE: Complete this section even if you are requesting an OST Debit Card or if you are receiving your funds by Direct Deposit.	<div style="background-color: black; width: 100%; height: 50px; margin: 5px 0;"></div> <input type="checkbox"/> Please check if this is a new address.
8 YOUR SIGNATURE OR MARK NOTE: Your signature or mark must be witnessed. The witness must complete Section 9.	I certify that the information provided is true and correct. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="text-align: center;"> _____ Account Holder Signature or Mark</div><div style="text-align: center;"><u>10-16-13</u> _____ Date</div></div>
9 WITNESS OF ACCOUNT HOLDER'S SIGNATURE OR MARK NOTE: The witness must be age 18 or older, and must sign immediately after the Account Holder signs the document in Section 8. The dates in Section 8 and Section 9 must be identical.	I, the undersigned, certify that this request was signed in my presence. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="text-align: center;"><div style="background-color: black; width: 100%; height: 40px; margin: 5px 0;"></div> _____ Address <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="width: 30%;">_____ City</div><div style="width: 30%;">_____ State</div><div style="width: 30%;">_____ Zip Code</div></div></div><div style="text-align: center;"><u>10/16/13</u> _____ Date</div></div>
THIS SECTION FOR OST USE ONLY ACCOUNT NUMBER: _____ SERVICE CENTER NUMBER: _____ DISB TICKLER/BCS NUMBER: _____ CSS NUMBER: _____	

Exhibit 10
Page 2 of 2